

# STATE OF TENNESSEE DEPARTMENT OF SAFETY

## *Tennessee Highway Patrol*



## TOWING SERVICE STANDARDS MANUAL

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I. Purpose of Regulations:

To establish policy, procedures and regulations for members of the Tennessee Department of Safety and towing firms concerning towing service standards and to further insure the safe and efficient removal, storage and safekeeping of any and all vehicles being towed and placed into custody of such towing companies.

II. Declaration of Policy:

- A. It is the policy of the Department of Safety to establish standards and utilize only those towing companies whose equipment, drivers, procedures and services conform to the following rules and regulations. The Commissioner of Safety shall be the final authority in all policies, procedures and regulations governed by this ***Towing Service Standards Manual***.
- B. It shall further be the policy of this Department to allow any qualified, as determined by this policy, towing corporation, firm or business an opportunity to submit an application for inclusion on the Tennessee Highway Patrol (THP) Rotating Schedule Towing List. It should be fully understood by any and all interested parties that the provisions contained in this manual will strictly govern inclusion on the THP Rotating Schedule Towing List. Nothing in this manual shall be construed as coercion to any business. It shall simply be the choice of the business as to whether they choose to participate.

III. Recovery, Towing, and Storage Standards:

- A. There are many instances in Tennessee involving motor vehicles where the owner or operator is incapacitated, unavailable, or unable to make a decision regarding where the vehicle will be towed and/or stored. These instances may include, but are not limited to:
  - 1. Motor vehicle crashes;
  - 2. Abandoned vehicles;
  - 3. Incarceration (law violation); and
  - 4. Disabled motorists unfamiliar with the geographic area.
- B. It is for these reasons that the Tennessee Department of Safety has a Rotating Schedule Towing List. The towing company will be called from this list in instances where the vehicle's owner, operator or agent does not have a specific request.

- C. In all other instances, the owner's request will be honored pending:
    - 1. The arrival of such requested towing company does not exceed a reasonable response time; and
    - 2. The vehicle to be towed does not pose an immediate traffic hazard.
  - D. In the event an owner's request is utilized, the towing company requested and utilized does not have to conform to the provisions in this manual.
  - E. In these aforementioned instances the motorists have the right to expect the following:
    - 1. The Tennessee Department of Safety will call a reputable and reliable towing company that possesses adequate equipment and qualified employees to perform the required necessary task;
    - 2. The towing company utilized will be financially responsible for any and all damage, which occurs during and/or after towing; and
    - 3. To be charged a fair, equitable and reasonable rate for services performed by the towing company.
  - F. The rules and regulations contained herein provide guidance to those who are, or wish to be, included on the THP Rotating Schedule Towing List, and who are called upon to respond by officers in the performance of their official duties.
  - G. The Department of Safety has established these requirements in an effort to ensure that all services provided by the towing companies requested by this Department are governed by the same standards without partiality.
- IV. Application Procedures for Inclusion on the THP Rotating Schedule Towing List:
- A. With the exception of law enforcement fingerprint cards, all applications and forms, which need to be completed for inclusion on the THP Rotating Schedule Towing List, are contained in this manual and can also be obtained from the Department of Safety website, <http://www.tennessee.gov/safety/>. Each form must be completed and forwarded to the District Wrecker Lieutenant for review. In the absence of a District Wrecker Lieutenant, the District Captain will perform this function.
  - B. Any towing company, which wishes to be included on the THP Rotating Schedule Towing List and has a towing vehicle(s) and driver(s), which meet the standards and criteria set forth in this manual, may submit a request to the District Wrecker Lieutenant for consideration. Again, if the District does not have a Wrecker Lieutenant, towing companies may submit requests to the District Captain.

- C. Qualifying towing companies must be a member of the Tennessee On-Line Purchasing System (TOPS):
  - 1. Towing companies, which are not currently members of TOPS, must submit a Vendor Registration Application for inclusion on TOPS.
  - 2. Towing companies, which are disapproved by TOPS, will not be included on the THP Rotating Schedule Towing List.
- D. Towing company owners must:
  - 1. Be licensed and registered to do business in Tennessee;
  - 2. Live in Tennessee;
  - 3. Possess a valid Tennessee Driver's License;
  - 4. Possess the proper class Driver's License for the class of tow truck owned or operated; and
  - 5. Employ drivers that are Twenty one (21) years of age or older; except as provided in Tennessee Code Annotated (TCA) § 55-50-303.
- E. Each towing company must display a highly visible sign at their towing service site.
- F. Each towing company must provide a minimum of two (2) years of towing/storage records for inspection.
- G. Each towing company must be separate from any other towing company (i.e., phone numbers, address, business license, and storage facilities). All invoices and paperwork received by or originating from the towing company must display the physical address of the business. The towing company must also own all equipment used in the performance of operations.
- H. Towing company drivers must possess a valid driver license. A commercial driver license will be required, when operating a class vehicle, which requires such (i.e., vehicles with a GVWR in excess of 26,000 lbs.) TCA § 55-50-404.

1. The company will provide the Department of Safety with a list of all employees who will be required, at any time, to drive a towing vehicle. The list shall contain the full name, driver license number and date of birth of each driver. A driver license check will be performed and if any driver is found to be revoked, suspended or cancelled the company will be notified. Such employee will not be permitted to respond, or drive any tow truck, to any call initiated by the THP, until such time the employee has satisfied all requirements and the license has been reinstated.
  2. After the initial driver license check, the company will be required to maintain a driver license file for each employee and ensure that driver license(s) remain valid. This file will be presented, upon request, to the District Wrecker Lieutenant, or in his/her absence, the District Captain or his/her designated representative, at any time.
  3. The company shall notify the District Wrecker Lieutenant, in writing, of any driver changes or any actions committed by a driver, which would cause that driver to be suspended, revoked or cancelled. In the absence of a District Wrecker Lieutenant, companies shall notify the District Captain.
  4. If any newly hired employee(s) will drive a tow truck for the company, the District Wrecker Lieutenant will be notified in writing and a driver license check will be performed on those individuals as well. Again, in the absence of a District Wrecker Lieutenant, the District Captain shall be notified.
  5. Drivers are allowed to work for more than one (1) towing company, however, a separate driver file must be maintained at each place of business and be made ready for inspection at any time.
- I. Towing company owners and all personnel will be required to be fingerprinted on law enforcement fingerprint cards. These cards are blue and white in color and can be obtained at any Sheriffs Department or from the THP District Headquarters. Once fingerprints have been taken, the hardcopy cards are to be mailed to the District Wrecker Lieutenant, or in his/her absence, the District Captain along with a certified check or money order made out to the Tennessee Bureau of Investigations (TBI) in the amount prescribed by the TBI. Currently, the cost is \$48.00 and is subject to change. Upon receipt of all applicant fingerprint cards, the District Wrecker Lieutenant, or in his/her absence, the District Captain, shall log such receipt and forward all applicant fingerprint cards directly to the TBI in order that a Background Check can be conducted. Positive results will be forwarded to the District Wrecker Lieutenant, or in his/her absence, the District Captain. Positive results will be made known to the towing company owner and/or employee(s). These provisions apply to and include the owner and any newly hired employee.

1. Towing company owners, or drivers, will not be allowed to participate on the THP Rotating Schedule Towing List, if convicted of a felony.
- J. Each tow truck utilized by the company shall receive a North American Standard (NAS) Level 1 Safety Inspection. Each tow truck must pass a Level 1 Safety Inspection before the vehicle will be allowed to participate on the THP Rotating Schedule Towing List. Vehicles failing to pass the Level 1 Safety Inspection must comply with established regulations and affect repairs and notification of repairs to the Department of Safety WITHIN 15 Days as prescribed on the Driver/Vehicle Examination Report. A copy must also be given to the District Wrecker Lieutenant, or in his/her absence, the District Captain. If a company is already on the THP Rotating Schedule Towing List and wishes to introduce a new or used tow truck into the THP Rotating Schedule Towing List, the tow truck shall first receive a NAS Level 1 Safety Inspection. A copy of the Driver/Vehicle Examination Report, along with an original Company Information Disclosure Form shall be given to the District Wrecker Lieutenant, or in his/her absence, the District Captain. A copy of the most recent Driver/Vehicle Safety Examination Report shall be kept in the corresponding tow truck and shown at the request of any member of the THP. Nothing shall prohibit NAS certified Department of Safety members from performing additional inspections at anytime violations are observed or discovered. Should violations meeting the Out-of-Service Criteria be detected, the tow truck will be placed Out-of-Service until repairs have been made. Should a tow truck arrive at the scene with Out-of-Service violations, the tow truck shall not be permitted to perform services and shall be placed Out-of-Service. At that time, the next scheduled tow truck service shall be contacted.
- K. Any company, removed from the list for a period of more than thirty (30) days and requesting reinstatement, will be regulated by all requirements set forth in this manual.
- V. Establishment of Class System and Criteria for Each Class:
- An Intrastate permit is required for every class of tow truck unless the company has Interstate authority.
- A. Four (4) distinct tow truck classes have been established. Each tow truck may only be listed in one (1) class. The following criteria must be met for each class for inclusion on the THP Rotating Schedule Towing List:
1. Class A: for towing passenger cars, pick-up trucks, small trailers, etc. This classification also includes “wheel lift” type vehicle transporters.

- a) The tow truck chassis shall have a minimum manufacturer's capacity of one (1) ton (14,000 lbs or greater GVWR);
- b) Individual boom capacity of not less than four (4) tons;
- c) Individual power winch pulling capacity of not less than four (4) tons;
- d) A minimum of one hundred (100) feet of 3/8 inch, or larger, cable on each drum;
- e) Wheel lift capable of picking up a passenger car or pick-up truck;
- f) Belt-type cradle tow plate or tow sling to pick up vehicles; cradle or tow plate to be equipped with safety chain;
- g) Dollies are suggested, but not required. If a Class A tow truck is requested, it should be equipped and capable of removing damaged vehicles from the scene. If a Class A tow truck arrives at the scene and is not equipped with dollies, and cannot perform the required service, or if another tow truck is called to perform the services, **ONLY ONE (1) SERVICE CALL CAN BE CHARGED**. Under no circumstance shall tow truck companies be permitted to arrive at the scene of a crash and then request additional equipment and charge for two (2) service calls or impede the recovery and removal time.
- h) Wheel lift: tow trucks possessing equipment capable of lifting the vehicle by the wheels only, with nothing touching the vehicle body.
  - (i) Wheel lift tow trucks shall meet all Class "A" requirements, excluding the belt-type cradle tow plate or tow sling.
  - (ii) Safety restraint straps (nylon straps with ratchets or the equivalent) shall be provided to secure the towed vehicle tires into the wheel lift forks.

2. Class B: for towing medium size trucks, trailers, etc.

- a) The tow truck chassis shall have a minimum manufacturer's capacity of one and one-half (1 ½) tons (26,000 lbs. or greater GVWR);



- b) Boom Specifications:
    - (i) Double Boom: so constructed as to permit splitting, each boom to operate independently or jointly, individual boom capacity of no less than eight (8) tons and individual power winch pulling capacity of not less than eight (8) tons, or:
    - (ii) Single Boom: with no less than a sixteen (16) ton capacity and a power winch pulling capacity of no less than sixteen (16) tons.
  - c) Two hundred (200) feet, or more, of 7/16 inch, or larger, cable on each drum.
  - d) Cradle tow plate or tow sling to pick up vehicle, cradle or tow plate to be equipped with safety chain.
3. Class C: for towing large trucks, road tractors, and trailers.
- a) The tow truck chassis shall have a minimum manufacturers capacity of 35,000 lbs. or greater GVWR;
  - b) Boom Specifications:
    - (i) Double Boom so constructed as to permit splitting; each boom to operate independently or jointly; individual boom capacity of no less than twelve and one-half (12 ½) tons, or
    - (ii) Single Boom with no less than a twenty-five (25) ton capacity and a power winch pulling capacity of no less than twenty-five (25) tons;
  - c) Two hundred (200) feet or more of 9/16" or larger cable on each drum;
  - d) Airbrakes constructed so as to lock wheels automatically upon failure;
  - e) Only tandem axle trucks with two (2) live drive axles will be accepted as class C; and
  - f) The brakes of any commercial motor vehicle (CMV) involved in a crash involving personal injury or a fatality must be caged until a CMV Post Crash Certified Tennessee State Trooper properly inspects them.

- g) An Under-Reach will be required on all Class C tow trucks by July 01, 2008.
4. Class D: vehicle transporters designed to tow or carry passenger cars, pick-up trucks, small trailer, etc. This classification includes “car carrier” or “rollback” type vehicle transporters.
- a) Car carrier vehicle transporters:
    - (i) The truck chassis shall have a minimum manufacturer’s capacity of one (1) ton (14,000 lbs or greater GVWR);
    - (ii) Lift cylinders:
      - (1) Two (2) with a minimum of three (3) inch bore each, or
      - (2) One (1) with a minimum of five and one-half (5 ½) inch bore,
    - (iii) Individual power winch pulling capacity of not less than four (4) tons;
    - (iv) Fifty (50) feet or more of 5/16 inch or larger cable on winch drum;
    - (v) Two (2)-safety chains for securing vehicle to carrier bed;
    - (vi) Carrier bed shall be a minimum of sixteen (16) feet in length and a minimum of eighty-four (84) inches in width inside side rails;
    - (vii) Cab protector, constructed of solid steel or aluminum, that extends to a height of four (4) feet above the floor or to a height at which it blocks the forward movement of the bumper of the vehicle being towed.
    - (viii) Straps with ratcheting capability that provide for the transporting of motorcycles.
- B. Each District Communications Section shall maintain a call list for each tow truck class (A, B, C and D).

VI. Equipment:

Towing companies shall be responsible for carrying the equipment necessary for removal of glass and other debris from highways following each crash. The towing operator is responsible for utilizing the equipment for such removals (TCA § 55-8-170).

A. Emergency Equipment:

1. At least one (1) functional, amber-colored, rotating or strobe type light (LED lights are also permissible) shall be permanently mounted on the top of the tow truck. The Department will approve no other color. All emergency flashers and directional lights showing to the front must be amber in color;
2. Sirens on tow trucks are prohibited.

B. Additional Equipment Required:

1. At least one (1) heavy-duty push broom;
2. Flood lights mounted at a height sufficient to illuminate the scene at night;
3. One (1) shovel;
4. One (1) axe;
5. One (1) pinch bar, pry bar or crowbar;
6. One (1) set of bolt cutters;
7. Minimum of one (1), fully charged 20 lb, or 2 fully charged 10 lb, fire extinguisher(s) having an Underwriters Laboratory rating of four (4) A: B: C or more. The fire extinguisher must be securely mounted on the vehicle;
8. Minimum of one (1) 50 lb bag of a fluid absorption compound;
9. Three (3) red emergency reflectors; and
10. The towed vehicle must be capable of displaying all lights on the rear of the vehicle, while in tow. When this is not possible, a light bar must be attached to the rear most vehicle while in tow. The bar must consist of two (2) tail lamps, two (2) stop lamps and two (2) turn signals. All lights must be fully operational.

- C. All tow trucks shall display the company's name and address. Such information shall be painted on, or permanently affixed, to both sides. All lettering shall be at least three (3) inches high. Magnetic signs will not be permitted.

VII. Insurance:

- A. Each towing company assumes the liability for personal injury or property damage resulting from an employee's intentional or negligent act(s) from the time contact is made with any vehicle to be towed. Each towing company assumes full liability for all items of value in the vehicle.
- B. Each towing company shall maintain the following policies of insurance according to the minimum limits set forth in this section for intrastate activity only. Each policy shall be in the name of the towing company, or its owner, and shall include coverage for towing and storage. The policy shall be effective for a minimum of a six (6) month period. It is not the intent of the Department to limit the towing company to the type and amount of insurance required herein.
  - 1. The Department shall inspect all towing and storage facilities and a certificate of insurance with each driver listed must be filed before being placed on the THP Rotating Schedule Towing List.
  - 2. Liability coverage must be equal to the minimum amounts specified in this manual. Insurance coverage may be provided in a single policy or separate split policies. Regardless of the type of policy or policies, the total amount of coverage must equal those amounts listed below, per crash.
    - a) Minimum vehicle liability amounts:

Class A and D	\$300,000
Class B	\$500,000
Class C	\$750,000
    - b) Minimum garage keeper's liability policy for:

Class A and D	\$75,000
Class B	\$150,000
Class C	\$200,000
    - c) Minimum on hook coverage:

Class A and D	\$75,000
Class B	\$150,000
Class C	\$200,000

C. Insurance Renewal:

1. Towing Companies' certificates of insurance shall be submitted to the District Wrecker Lieutenant, or in his/her absence, the District Captain ten (10) days prior to the renewal date and expiration of the certificates. Certificates must be itemized to indicate amounts of liability, on-hook and garage keeper's coverage.
2. The owner of the towing company shall make written notification of any changes in insurance coverage to the District Wrecker Lieutenant, or in his/her absence, the District Captain within ten (10) days prior to the change, throughout annual cycle.

D. A violation of any of the above insurance requirements or regulations shall be cause for suspension or removal from the THP Rotating Schedule Towing List.

VIII. Storage Facilities:

A. Towing services must be equipped to provide a lot or building for proper, safe and secure storage.

1. The storage facility shall be located in close proximity to the towing service and within their approved zone.
2. The towing service shall be responsible for storing, safekeeping and preventing vandalism of all vehicles and contents towed for the Department of Safety.
3. The storage facility shall be staffed, or readily available for access, between the hours of 8 a.m. and 5 p.m., Monday through Friday, excluding legal holidays.
4. The storage facility, in which the towed vehicles are kept, shall be secured with security fencing at least eight (8) feet in height.
5. If storage facilities are not adjoined to towing service, the facility must be identified with signage to include company name, address and phone number.
6. When a "Hold Order" is placed on a vehicle by a commissioned officer of the Department of Safety for the furtherance of an investigation, the vehicle shall be placed in an area that is not accessible to the general public, in an effort to preserve evidence, until such time that all evidence has been recorded, or retrieved, and the hold on the vehicle is released.

- B. The District Wrecker Lieutenant, or in his/her absence, the District Captain, or a designated representative, will be notified of all vehicles, which are towed at the request of the Department and have been held over fifteen (15) days.
- C. Violation of any of the above requirements, or regulations, shall be cause for suspension or removal from the THP Rotating Schedule Towing List.

IX. Annual Inspections:

- A. The District Wrecker Lieutenant, or in his/her absence, the District Captain shall ensure that a physical inspection of all towing equipment and storage facilities is conducted annually. This inspection shall include the equipment, driver files, proof of insurance, tow and storage rates, and other records necessary to ensure that all requirements of this manual are being met.
  - 1. The District Wrecker Lieutenant, or in his/her absence, the District Captain shall ensure that tow trucks and all associated equipment are inspected by a North American Standard (NAS) Level 1 certified member of the Tennessee Highway Patrol.
- B. Requirements:
  - 1. Current tow and storage rates shall be posted in a conspicuous place at the towing company office and a copy filed with the District Wrecker Lieutenant, or in his/her absence, the District Captain.
  - 2. A chronological record of vehicles towed and the charges billed, as a result of services provided from THP Rotating Schedule Towing List, shall be maintained and presented to the District Wrecker Lieutenant, or in his/her absence, the District Captain, or a designated representative, upon request for inspection. Records will be kept for at least a three (3) year period.
  - 3. The District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designated representative, may inspect towing companies at any time during normal business hours.
  - 4. Each tow truck utilized by the company shall receive an annual NAS Level 1 Safety Inspection. A copy of the most recent safety inspection report shall be kept in the corresponding tow truck and shown at the request of any member of the THP.

- C. Upon satisfying all requirements at the time of the inspection, a towing decal and a Commercial Vehicle Safety Alliance (CVSA) decal furnished by the Department, shall be affixed to the passenger side of the window on each vehicle passing inspection.
    - 1. Equipment dispatched by THP arriving at the scene must have a valid towing decal attached.
    - 2. Towing decals will be valid for one (1) year. A thirty (30) day grace period will be granted. Additional extensions may be granted only by approval of the District Wrecker Lieutenant, or in his/her absence, the District Captain.
    - 3. Each towing decal will display a number that is unique to the vehicle that has passed inspection. Each vehicle owned by the company will display a different number.
    - 4. Towing decals shall be removed from each vehicle if the vehicle is sold, traded, removed from the THP Rotating Schedule Towing List, or otherwise no longer in the possession of the towing company.
  - D. After the completion of each inspection, the District Wrecker Lieutenant, or in his/her absence, the District Captain or his/her designee, shall inform the communications supervisor whether the towing company will be added to or deleted from the THP Rotating Schedule Towing List.
  - E. Provisions of this section shall not apply to tow trucks, which are requested by owner/operator and not on the THP Rotating Schedule Towing List.
- X. Call and Notification Procedures:
- A. When a member of the THP is dispatched to a crash, motorist assist, or any other request for assistance, the investigating officer, after determining the need, shall contact the dispatcher. The dispatcher will notify the next scheduled tow truck to respond, provided that the affected parties have not already made contact with a towing company of their choice. No tow truck shall remove a crashed vehicle from the scene without it being investigated by a law enforcement agency.
  - B. Tow trucks shall be available for immediate response twenty-four (24) hours a day.

1. They must respond in a reasonable length of time, as determined by the requesting officer, or the next scheduled tow truck will be called and the first one (1) will lose its turn. Continual slow responses shall be noted and addressed by the District Wrecker Lieutenant, or in his/her absence, the District Captain or his/her designee.
  2. If a busy signal is received, the next scheduled tow truck will be called and the first one (1) will lose its turn.
  3. If the towing company uses an answering service and the call back is not received in a reasonable length of time, as determined by the requesting officer, the next scheduled tow truck will be called and the first one (1) will lose its turn.
  4. Towing companies shall respond “Yes” or “No” when asked if they can respond to a call in a reasonable amount of time.
  5. Towing companies cannot refer a call to another towing company or substitute another company’s tow truck to avoid losing a turn on the THP Rotating Schedule Towing List.
  6. Operators refusing a call, or failing to respond promptly to a call, may be removed/suspended from the THP Rotating Schedule Towing List.
  7. Towing companies are restricted to a maximum of two (2) telephone numbers on the THP Rotating Schedule Towing List. “Call Waiting” and “Call Forwarding” are recommended; pagers and beepers are not allowed.
  8. Tow truck operators who fail to answer a call will lose the call. If two (2) calls are missed on the rotation of the list, an investigation will be made by the THP District Wrecker Lieutenant, or in his/her absence, the District Captain or his/her designee and suspension or removal will be considered.
- C. If tow truck operators desire to be off-duty for any length of time, they shall inform the THP dispatcher to avoid removal from the rotation of the list. Upon returning, the tow truck operator will be placed back on the rotating list.



- D. Only one (1) towing company shall be called to any one (1)-vehicle crash. If additional equipment or recovery vehicles are needed to adequately complete a tow (i.e.: tractor-trailer, rollover or difficult auto recovery), the severity of the situation and the estimated response time of additional equipment will be weighed by the Trooper at the scene, who will be the deciding authority. If such request is granted, the Trooper shall note it on the Tow/No Tow Report.
- E. When multiple vehicles are involved and multiple tow trucks are called:
1. The first tow truck arriving at the scene will tow the car causing the greatest traffic hazard, which will be determined by the member of the Tennessee Department of Safety.
  2. If a requested tow truck arrives first, the tow truck will help remove vehicles causing traffic hazard from roadway, then pick up the requested tow.
  3. If a towing service has two (2) tow trucks, two (2) vehicles may be towed without loss of turn on the rotation, provided both tow trucks can respond simultaneously and both have passed inspection and been certified.
  4. In the event of an extreme emergency, the investigating officer may request the nearest available certified tow truck. Should this occur, members will make thorough notations for courses of action taken on the Tow/No Tow Report (SF-0156).
- F. When a tractor-trailer combination is involved in a breakdown and requires a tow, the combination can be towed to the first safe haven, towing facility, or repair facility. If the vehicle is towed beyond these points, it shall be separated and the tractor and trailer will be towed independently of each other. Tractor-trailers involved in crashes shall be separated at the crash scene before being towed.
- G. All certified towing companies shall be prohibited from “chasing” or “running” crashes or “break-downs”, without a bona fide call from a THP dispatcher or request from the owner. Violations of this provision will be subject to suspension or removal from the THP Rotating Schedule Towing List. This includes solicitation by those persons who have a right to be there.
- H. Towing companies are expressly prohibited from calling THP dispatch to determine their place on the call list. The District Wrecker Lieutenant, or in his/her absence, the District Captain will address concerns of position or placement on the call list.

- I. Except as provided in Section XII. B. 3. Of this manual, if a towing service is at the scene of a crash when the Trooper arrives without being called by the Department or person(s) involved; the towing service will be sent back by the Trooper and lose its turn on the THP Rotating Schedule Towing List
  - J. The towing of abandoned vehicles is a necessary part of the responsibilities of Troopers. After vehicles have remained abandoned for a period of time specified by law, towing companies will be required to remove these vehicles, when requested. In order to provide equitable service, the THP shall maintain a separate listing for these vehicles. When a towing company is requested to remove one of these vehicles, IT SHALL NOT AFFECT THE TURN ON THE ROTATING SCHEDULE TOWING LIST FOR OTHER CALLS FOR SERVICE. This shall apply provided that, when called, the towing company responds and does not forfeit or decline the call. If more than two (2) calls for removal on the Abandoned Vehicle Call List are missed, actions will be taken to place the towing company at the bottom of the Call List for other calls for service.
- XI. Service Procedures and Zone Assignments:
- A. Towing companies will be listed only once on each THP Rotating Schedule Towing List and only in the name under which they are qualified in conducting business in this state. In counties where there are multiple zones, a towing company may be listed in each zone only if they have separate facilities and equipment located in that zone. The facilities and equipment must meet the standards previously stated in this manual. It is prohibited for a towing service operator, conducting business at one (1) location, to receive multiple listings or classifications by utilizing a different or fictitious name for trucks operating out of the same location, or out of different locations within the same zone. When two (2) or more corporations are owned by the same individual(s), partnership or parent corporation, each may have a separate listing only if each towing service has a distinctly separate storage facility and different corporate offices. It is prohibited for two (2) or more towing service operators, owned in whole or in part by the same individual, partnership or parent corporation, to be qualified to operate in the same zone.
  - B. All towing company operators are expected to be familiar with and comply with all applicable federal regulations and traffic laws of the State of Tennessee.
  - C. Towing company operators shall not perform repair work on towed vehicle without the owner's written consent.
  - D. Towing company operators shall transport a vehicle to any location requested by the owner/operator after financial obligations have been finalized.

- E. Personal property or cargo contained in towed vehicles must be released to the owner, or designee upon their request, unless the investigating officer orders otherwise. There shall be no charge for releasing personal property or cargo during normal business hours.
  - F. Anytime personal property, cargo, or a vehicle, which has previously been towed, is released to the owner or his/her designee by the towing company, the date and time of release will be noted on the customer's original bill/receipt, and a copy shall be kept on file at the storage facility.
  - G. When no "Hold Order" is placed, the vehicle shall be released to the owner, or designee, upon proof of ownership and when the necessary financial transactions between vehicle owner and towing service are completed.
  - H. Violations of any of the above requirements, or regulations, shall be cause for suspension or removal from the THP Rotating Schedule Towing List, after this Department makes an investigation.
- XII. Tow and Storage Rates:
- A. The Tennessee Department of Safety shall not establish tow rates. However, rates should be consistent with those of approved certified towing companies in the same zone. Rates must be reasonable, fair and equitable to all affected parties.
  - B. Rate Guidelines:
    - 1. Rates begin upon arrival "at scene", unless called out-of-zone; then time starts when called by the THP dispatcher.
    - 2. Storage rates begin twenty-four (24) hours after a vehicle is towed.
    - 3. Tow trucks that drive upon crashes shall assist without charge when the roadway is blocked or there is an immediate safety risk.
    - 4. There will not be a charge for "hook up".
    - 5. When tow trucks are required to wait at the scene for functions to be performed by other emergency personnel, a rate of one-half (1/2) of the normally charged hour of winching rate is to be charged by the company. This rate shall not be exceeded.
    - 6. There will not be a charge for a normal clean up.
    - 7. There will not be a charge for certain types of equipment (i.e., dollies and fire extinguisher).

8. Rates for unloading/loading of cargo will be assessed to the closest quarter (1/4) hour.
9. Normal rates will not apply when dealing with hazardous materials or using specialized equipment.
10. The vehicle owner/operator shall be responsible for payment of towing and related service charges prior to delivery or release of the vehicle by the towing company.
11. Assisting tow company rates will be the same or less than the requesting tow company rates.
12. There are times when the offloading of cargo is necessary. When such events occur, each towing company providing these services shall list the names, home addresses, and telephone numbers of each person hired to offload cargo. This list shall be provided to the District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designee, when requested. Failure to provide such a list or improprieties that are discovered may result in cancellation of participation on the THP Rotating Schedule Towing List.
13. The District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designee, shall remove from the THP Rotating Schedule Towing List any towing company whose tow rates are found to be excessive as a result of an investigation, and do not reflect charges assessed by other towing firms for similar services in the same zone.

### XIII. Complaints:

- A. If the owner of a vehicle believes that the vehicle was towed and/or charged unjustly, a complaint may be filed with the District Captain, or his/her designee, having jurisdiction in the area where the vehicle was towed.
  1. The District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designee, shall contact the towing service involved and conduct an investigation.
  2. The District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designee, will review all correspondence and render a decision. Copies of complaints, investigative reports, and recommended action will be forwarded to the Field Bureau Lieutenant Colonel's office after receiving the initial report from the investigation.

3. If the investigation reveals that the vehicle was towed and/or charged unjustly, the owner shall have his/her vehicle released to him/her without charge or for an amount determined by the District Wrecker Lieutenant, or in his/her absence, the District Captain.
  4. Any valid complaint will result in suspension from the THP Rotating Schedule Towing List of towing privileges for a period determined by the District Wrecker Lieutenant, or in his/her absence, the District Captain. Should this occur, the towing service will be notified, in writing, by the District Wrecker Lieutenant, or in his/her absence, the District Captain, or his/her designee.
  5. Two (2) or more incidents, in which the towing service is found to be in violation of the provisions of this manual, shall cause such company to be removed from the THP Rotating Schedule Towing List for an indefinite period, determined by the District Wrecker Lieutenant, or in his/her absence, the District Captain.
- B. Should any towing service desire a review of the decision, they shall contact the District Captain within ten (10) days.
1. The District Captain may, at his/her discretion, schedule a meeting to discuss the concerns of the towing service and present an explanation of the reasons for the recommended action.
  2. Should the District Captain's decision not be agreeable to the towing service, they may request that the Field Operations Bureau Lieutenant Colonel review the case. The Lieutenant Colonel, or his/her designee, will review all relative information and advise the towing service of the Department's decision.
- C. This policy should not be construed in any way to conflict with state law.

## **T.H.P. DISTRICTS BY COUNTY**

### **DISTRICT 1 - KNOXVILLE**

Tennessee Highway Patrol  
7601 Kingston Pike  
Knoxville, TN 37919  
(865) 594-5800

<i>Anderson</i>	<i>Morgan</i>
<i>Blount</i>	<i>Roane</i>
<i>Campbell</i>	<i>Scott</i>
<i>Knox</i>	<i>Sevier</i>
<i>Loudon</i>	<i>Union</i>
<i>Monroe</i>	

### **DISTRICT 2 - CHATTANOOGA**

Tennessee Highway Patrol  
4120 Cummings Highway  
Chattanooga, TN 37419  
(423) 634-6890

<i>Bledsoe</i>	
<i>Bradley</i>	<i>McMinn</i>
<i>Coffee</i>	<i>Meigs</i>
<i>Franklin</i>	<i>Polk</i>
<i>Grundy</i>	<i>Rhea</i>
<i>Hamilton</i>	<i>Sequatchie</i>
<i>Marion</i>	

### **DISTRICT 3 - NASHVILLE**

Tennessee Highway Patrol  
1603 Murfreesboro Road  
Nashville, TN 37217  
(615) 741-3181

<i>Cheatham</i>	<i>Robertson</i>
<i>Davidson</i>	<i>Rutherford</i>
<i>Dickson</i>	<i>Stewart</i>
<i>Houston</i>	<i>Sumner</i>
<i>Humphreys</i>	<i>Williamson</i>
<i>Montgomery</i>	<i>Wilson</i>

### **DISTRICT 4 - MEMPHIS**

Tennessee Highway Patrol  
6348 Summer Avenue  
Memphis, TN 38134  
(901) 543-6256

<i>Crockett</i>	<i>Lake</i>
<i>Dyer</i>	<i>Lauderdale</i>
<i>Fayette</i>	<i>Obion</i>
<i>Hardeman</i>	<i>Shelby</i>
<i>Haywood</i>	<i>Tipton</i>

### **DISTRICT 5 - FALL BRANCH**

Tennessee Highway Patrol  
P.O. Box 186  
Fall Branch, TN 37656  
(423) 348-6144

<i>Carter</i>	<i>Hawkins</i>
<i>Claiborne</i>	<i>Jefferson</i>
<i>Cocke</i>	<i>Johnson</i>
<i>Grainger</i>	<i>Sullivan</i>
<i>Greene</i>	<i>Unicoi</i>
<i>Hamblen</i>	<i>Washington</i>
<i>Hancock</i>	

### **DISTRICT 6 - COOKEVILLE**

Tennessee Highway Patrol  
1291 South Walnut Avenue  
Cookeville, TN 38501  
(931) 526-6143

<i>Cannon</i>	<i>Pickett</i>
<i>Clay</i>	<i>Putnam</i>
<i>Cumberland</i>	<i>Smith</i>
<i>DeKalb</i>	<i>Trousdale</i>
<i>Fentress</i>	<i>Van Buren</i>
<i>Jackson</i>	<i>Warren</i>
<i>Macon</i>	<i>White</i>
<i>Overton</i>	

### **DISTRICT 7 - LAWRENCEBURG**

Tennessee Highway Patrol  
1209 N. Locust Avenue  
Lawrenceburg, TN 38464  
(931) 766-1464

<i>Bedford</i>	<i>Marshall</i>
<i>Giles</i>	<i>Maurry</i>
<i>Hickman</i>	<i>Moore</i>
<i>Lawrence</i>	<i>Perry</i>
<i>Lewis</i>	<i>Wayne</i>
<i>Lincoln</i>	

### **DISTRICT 8 - JACKSON**

Tennessee Highway Patrol  
20 Vann Drive  
Jackson, TN 38305  
(731) 423-6635

<i>Benton</i>	<i>Henderson</i>
<i>Carroll</i>	<i>Henry</i>
<i>Chester</i>	<i>Madison</i>
<i>Decatur</i>	<i>McNairy</i>
<i>Gibson</i>	<i>Weakley</i>
<i>Hardin</i>	

# Tennessee Highway Patrol

## District Map by County

**District 3**  
**Nashville**

**District 6**  
**Cookeville**

**District 5**  
**Fall Branch**

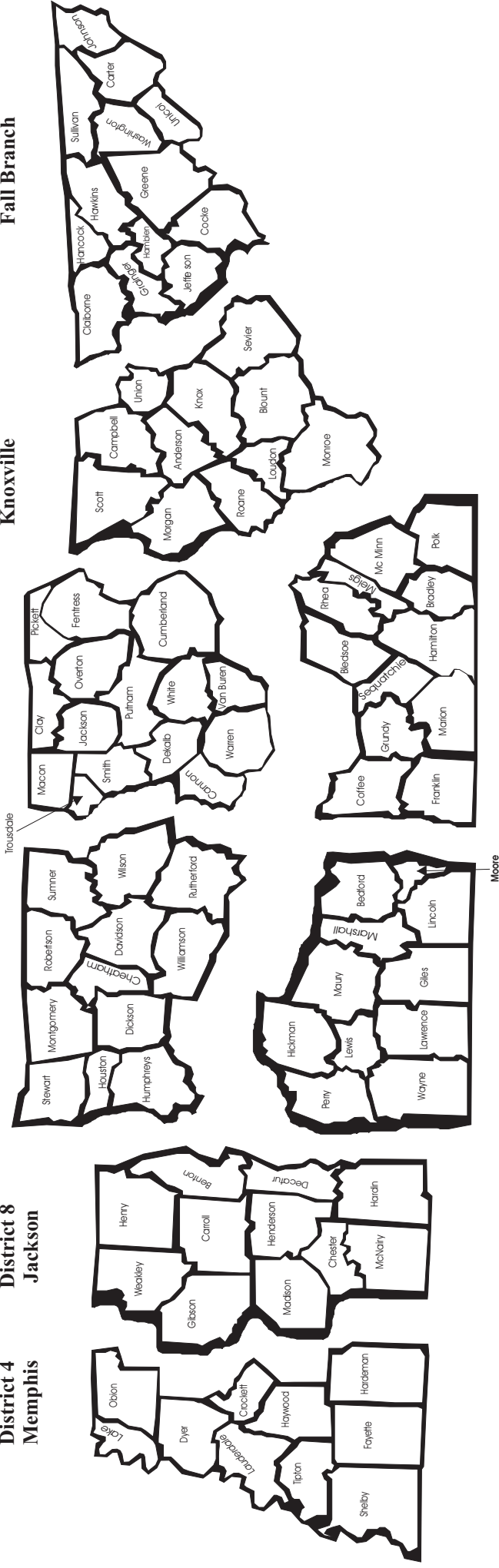
**District 1**  
**Knoxville**

**District 4**  
**Memphis**

**District 8**  
**Jackson**

**District 7**  
**Lawrenceburg**

**District 2**  
**Chattanooga**



## **INFORMATION FOR COMPLETING FORMS:**

- I. After thoroughly reading this manual, towing firms choosing to participate may do so by completing and submitting the following applications and forms to the Tennessee Highway Patrol in their respective Districts. It is suggested that the company maintain copies of all original forms.
  - A. Tennessee Highway Patrol Towing Service Application
  - B. Company Information Disclosure Form
    1. Disclose registered business name of company.
    2. List ALL tow trucks that are to be considered for inspection. This will enable the inspector to be adequately prepared beforehand to perform equipment and facility inspections as quickly as possible.
  - C. Tennessee Criminal History Background Check
    1. All owners and drivers must submit ORIGINAL law enforcement fingerprint cards to the appropriate THP District Headquarters.
    2. These cards can be obtained at any Sheriffs Department or THP District Headquarters.
    3. A certified check or money order, made payable to the TBI, must also be submitted with ORIGINAL law enforcement fingerprint cards to the appropriate THP District Headquarters. The current charge for this service is \$48.00.
  - D. Driver/Insurance Qualification Form
    1. Attach copies of current insurance certificates to this form.
    2. Driver history and background checks will be conducted prior to physical inspection of equipment and facility. Any discovery of ineligible drivers will be noted and the company will be advised of that fact.
  - E. Vendor Registration Form/Bidders Application
    1. Mail original application to:  
  
Department of General Services  
Division of Purchasing  
C2-211 Central Services Building  
Nashville, TN 37243-1340
    2. Mail a copy of the original with all other applications and forms to the Tennessee Highway Patrol Headquarters, within the company's District.



F. Tow/Storage Rates Disclosure Form

1. Complete for each Tow Truck Class.
2. Attach supplement, which includes rates for other services provided, if applicable.

G. After receiving all applications and forms as indicated above, the District Captain or a designated representative will review all information. Once all information is determined to be satisfactory, the District Captain or the designated representative will contact the company to schedule an inspection time and date. The Department of Safety reserves the right to set policy and administer the guidelines contained in this manual.

II. Towing firms choosing to no longer participate, remove a specific Tow Truck Class or remove a specific tow truck may do so by completing and submitting the following form to the Tennessee Highway Patrol in their respective districts. As previously stated, it is suggested that the company maintains copies of all original forms.

A. Towing List Removal Form

1. Identify registered business name and owner information.
2. Check if the company is to be removed from the THP Call List.
3. Check ALL Classes of tow trucks that are to be removed from the THP Call List.
4. List ALL tow trucks that are to be removed from the THP Call List.



**STATE OF TENNESSEE  
DEPARTMENT OF SAFETY**

**Towing Service Application for THP Call List**

Date of Application: \_\_\_\_\_

**TO: CAPTAIN**

**DISTRICT**

**ADDRESS**

Dear Captain:

I, \_\_\_\_\_, submit this, my  
(Name of Owner)  
formal request, as owner or proprietor of \_\_\_\_\_  
(Towing Service)

and do hereby request to be included on the Tennessee Highway Patrol's Rotating Towing Service call list.

I further attest that I have read, understand and will comply with all provisions governing the use of towing services as contained in the Tennessee Department of Safety's *Towing Service Standards Manual* while performing services requested by the members of the Tennessee Department of Safety.

I do solemnly swear/affirm that all statements made in connection with this application are true to the best of my knowledge.

**Respectfully submitted,**

\_\_\_\_\_  
Name of Towing Service

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF SAFETY

Company Information Disclosure

The following information is being submitted for review:

**A. NAME OF TOWING SERVICE:**

Address: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ D.L. Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**B. WHERE LICENSED TO DO BUSINESS:**

Name of City: \_\_\_\_\_ and/or County: \_\_\_\_\_  
Business License Number: \_\_\_\_\_

**C. LOCATION OF TOW TRUCKS:**

Name of City: \_\_\_\_\_ and/or County: \_\_\_\_\_  
Business License Number: \_\_\_\_\_

**D. LOCATION OF STORAGE FACILITIES:**

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Distance from business location: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Distance from business location: \_\_\_\_\_

**E. IS STORAGE FACILITY STAFFED 8 A.M. – 5 P.M.?** ☐ Yes ☐ No

**F. TYPE OF STORAGE PROVIDED:** ☐ Inside ☐ Outside

**G. The following is a complete listing of all the tow trucks to be inspected and considered for use by the Tennessee Highway Patrol:**

TOW TRUCKS REGISTERED OR OWNED BY THE COMPANY				
CLASS	YEAR	MAKE	PLATE NUMBER	VIN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\*Use additional sheets if necessary



STATE OF TENNESSEE  
DEPARTMENT OF SAFETY

Driver/Insurance Qualification

I, being owner or proprietor of \_\_\_\_\_  
Towing service do hereby submit this listing of all personnel who are employed by this company and will at any time be required to drive a tow truck or perform emergency roadside assistance as directed by members of the Tennessee Department of Safety. I further authorize the Tennessee Department of Safety to conduct a driver license and criminal history check on the personnel as authorized and in compliance with regulations established by the *Towing Service Standards Manual*.

PERSONNEL EMPLOYED BY COMPANY TO DRIVE TOW TRUCKS (Including Owners)					
NAME	D.O.B.	DRIVER LICENSE NUMBER	CLASS	VALID	N.C.I.C CHECK ACCEPTABLE
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

As further directed by regulations I am submitting the following insurance information for review:

Name of insurance company carrying vehicle liability \_\_\_\_\_

Name of insurance company carrying garage keepers liability \_\_\_\_\_

Name of insurance company carrying "on-hook" liability \_\_\_\_\_

INSURANCE LIABILITY INFORMATION	Agent's Name	Telephone Number	Policy Number	Amount	Expiration Date
Vehicle liability					
Garage keepers liability					
On-hook liability					

I hereby certify and attest that all vehicles that will be used by members of the Tennessee Department of Safety meet the minimum insurance requirements established in the *Towing Service Standards Manual*, which are:

CLASS	VEHICLE LIABILITY	GARAGE KEEPERS LIABILITY	"ON-HOOK" LIABILITY
Class A & D	\$300,000 per accident	\$75,000	\$75,000
Class B	\$500,000 per accident	\$150,000	\$150,000
Class C	\$750,000 per accident	\$200,000	\$200,000

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

I have also attached copies of current insurance certificates to be kept on file with the Tennessee Department of Safety.

\*Use additional sheets if necessary



**VENDOR REGISTRATION**  
State of Tennessee  
Department of General Services  
William R. Snodgrass TN Tower 3rd Floor  
312 Eighth Avenue North  
Nashville, Tennessee 37243  
Office No. 615-741-1035 Fax No. 615-741-0684  
www.tennessee.gov/generalserv/purchasing

When answers require additional space, use plain white paper. Please answer all questions as completely as possible. It is important that you respond to all questions. You must include all attachments requested. Please Note: if required support documents are not included, the processing of the registration form will be delayed. Refer to Instructions BEFORE SUBMITTING.

**1. FEDERAL IDENTIFICATION NUMBER:** Please enter either your Federal Employer Identification Number or Social Security Number.

**Check Only One**

☐ FEIN

☐ SSN

Number: \_\_\_\_\_

**SECTION I: GENERAL BUSINESS INFORMATION**

**2. COMPANY NAME:**

\_\_\_\_\_

**3. COMPANY ADDRESS:** Please enter all information for the primary location of this business. Please Do Not enter a P.O. Box.

\_\_\_\_\_

(Address) \_\_\_\_\_

(County Code) \_\_\_\_\_

(Suite or Office) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip +4) \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**3.1 Address to which Solicitations** are to be mailed:

\_\_\_\_\_

(Address or P.O. Box) \_\_\_\_\_

(Suite or Office) \_\_\_\_\_ (County) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip +4) \_\_\_\_\_

**3.2 Address to which Payments** are to be mailed:

\_\_\_\_\_

(Address or P.O. Box) \_\_\_\_\_

(Suite or Office) \_\_\_\_\_ (County) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip +4) \_\_\_\_\_

**3.3 Address to which Purchase Orders/Contracts** are to be mailed:

\_\_\_\_\_

(Address or P.O. Box) \_\_\_\_\_

(Suite or Office) \_\_\_\_\_ (County) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip +4) \_\_\_\_\_

**4. COMPANY CONTACT:** Please enter all information for the individual who will be the primary contact for your business with our office.

\_\_\_\_\_

(Last Name, First Name & Middle Initial)

(Title)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_ Mobile Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_ Email: \_\_\_\_\_

**4.1 Person(s) Authorized to sign Bids/Proposals** (Type or print)

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Email address) \_\_\_\_\_ (Title)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Email address) \_\_\_\_\_ (Title)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Email address) \_\_\_\_\_ (Title)

**SECTION II: BUSINESS ASSESSMENT / NEEDS ANALYSIS**

**5. PRIMARY LOCATION OF BUSINESS:** Please submit a copy of the following document:

☐ Business license, if applicable.

**6. BUSINESS HISTORY:**

a. Date business established \_\_\_\_\_ If less than 2 years, please submit resume.  
(MM/DD/YYYY)

b. Has there been a change in ownership within the last 2 years?

☐ Yes ☐ No

c. If yes, previous firm name and owner

d. Was business acquired? ☐ Yes ☐ No

e. If Yes, date acquired \_\_\_\_\_

**7. TYPE OF BUSINESS ACTIVITY:** Select one only.

☐ Agriculture, Forestry or Fishing

☐ Architectural/Design/Engineering

☐ Construction Services

☐ Finance, Insurance & Real Estate

☐ Information Systems/Technology

☐ Manufacturing

☐ Marketing/Communications/

Public Relations

☐ Medical/Healthcare

☐ Mining

☐ Retail Trade

☐ Service Industry

☐ Transportation, Commerce  
& Utilities

☐ Wholesale Trade

☐ Other

**8. WORKFORCE:**

a. Number of full-time employees \_\_\_\_\_

---

**10. GROSS ANNUAL RECEIPTS:** *Last tax year. Please circle one:*

(a) \$0 - \$500,000	(b) \$500,001 - \$750,000
(c) 750,001 - \$1,000,000	(d) \$1,000,001 - \$2,000,000
(e) Over \$2,000,000	

(a) \$0 - \$500,000                      (b) \$500,001 - \$750,000  
(c) 750,001 - \$1,000,000            (d) \$1,000,001 - \$2,000,000  
(e) Over \$2,000,000

City \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Limit: \_\_\_\_\_  
 Type of Work \_\_\_\_\_  
 \_\_\_\_\_

☐ No ☐ Yes *If yes, explain when, why and whom on separate attachment.*

☐ African American      ☐ Hispanic American

☐ Native American      ☐ Asian American

☐ Caucasian      ☐ Other

[illegible]

☐ If not registering as a Minority, Woman or Small Business Enterprise, please check this box and skip to number 27.

**14. LEGAL STRUCTURE OF THE BUSINESS:** Please refer to registration instructions and submit documentation requested applicable to your business' legal structure.

- ☐ Sole proprietorship/Individual      ☐ Partnership      ☐ LLC  
☐ Corporation type \_\_\_\_\_ (S or C)      ☐ Non-Profit  
☐ Other (explain) \_\_\_\_\_

If Incorporated:

- ☐ State of incorporation \_\_\_\_\_  
Date of incorporation \_\_\_\_\_  
☐ Government  
☐ State authorization to transact business (Applies to out of state businesses doing business in the state of Tennessee ONLY)

**15. KEY PERSONNEL:** Provide names and titles.

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**16. INSURANCE INFORMATION:** Please check the type of insurance carried by your business.

- ☐ General Liability      ☐ Automotive  
☐ Workman Comp      ☐ Professional Liability  
☐ Other \_\_\_\_\_

**17. INSURANCE COMPANY:** If applicable for your business, list the company name, address, telephone number and name of a contact person for your insurance carrier. Provide copy of current certificate.

\_\_\_\_\_  
(Company Name)  
\_\_\_\_\_  
(Suite or Office)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip+4)  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
Contact Name \_\_\_\_\_  
(Last Name, First Name & Middle Initial)

**18. BONDING COMPANY:** If applicable for your business, list the company name, address, telephone number and name of a contact person for your bonding company.

\_\_\_\_\_  
(Company Name)  
\_\_\_\_\_  
(Suite or Office)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip+4)  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
Contact Name \_\_\_\_\_  
(Last Name, First Name & Middle Initial)

**19. BONDING INFORMATION:** If applicable for your business, please enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit.

Bonding Limits Per Job \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Bonding Rate \$ \_\_\_\_\_ Bid Amount Limit \$ \_\_\_\_\_

**20. DIVERSITY PROJECT INFORMATION:** List the name of the major projects, dollar value and year that you participated as a diversity business (minority or woman-owned or small business).

- a. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_  
b. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_  
c. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_

**21. CLIENT REFERENCES:** List the business names, address, telephone number and name of a contact person for three clients.

- a. \_\_\_\_\_  
(Business Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip+4)  
\_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
(Contact Name - Last Name, First Name & Middle Initial)  
b. \_\_\_\_\_  
(Business Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip+4)  
\_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
(Contact Name - Last Name, First Name & Middle Initial)  
c. \_\_\_\_\_  
(Business Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Zip+4)  
\_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
(Contact Name - Last Name, First Name & Middle Initial)

**22. Please enter any specific products, goods or services you desire to provide to the State of Tennessee (refer to instructions - Accessing Products and Service Codes)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: COMPANY OWNERSHIP AND MANAGEMENT CONTROL**

Please provide the following information to claim status as a minority or a woman-owned or small business enterprise.

**23.**

- a. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? ☐ Yes ☐ No  
*If yes, provide the name, address and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.*
- b. Does the applicant's business concern or any person listed as owners, partners or officers of your company have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? ☐ Yes ☐ No (Such agreements include, but are not limited to management and joint venture agreements.) *If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.*
- c. Is the applicant's business concern involved in any present or pending lawsuit? ☐ Yes ☐ No *If yes, provide details on a separate sheet.*
- d. Is the applicant's business concern involved in a bankruptcy or insolvency proceeding? ☐ Yes ☐ No
- e. Have you ever been rejected for certification by any agency? ☐ Yes ☐ No
- f. What other current certification(s) does your company have? \_\_\_\_\_

**24.**

Are you a person with a disability? ☐ Yes ☐ No

**Please mark only one box (either Minority, Women, or Small). Please refer to instructions.**

☐ **Minority Business Enterprise**

*Solely owned or at least 51% owned by a minority person or persons who control daily operations.*

- ☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

☐ **Women Business Enterprise**

*Solely owned or at least 51% owned by a female person or persons who control daily operations.*

- ☐ Non-Minority  
☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

☐ **Small Business Enterprise**

*See Registration Instructions for Definition*

- ☐ Non-Minority  
☐ Female  
☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

**25. OWNER/PARTNER/OFFICER INFORMATION:** *Please complete the following section for all owners, partners and officers. Attach additional pages if needed.*

	Gender	Minority	Citizen	Years	% of	Voting	No. of	Cost of	Type
<i>Name &amp; Title</i>	(M/F)	(Race)	(Y/N)	Owned	Ownership	%	Shares	Shares	of Shares
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**SECTION IV: REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN ENTERPRISE**

*Please submit two of the following documents to establish that the business meets the criteria for claiming status as a Minority or Women Business Enterprise. Please check below the type of documentation included with this form.*

**26. MINORITY OR FEMALE PERSONS WHO OWN AT LEAST 51 % OF BUSINESS:** *Please submit two of the following documents for each owner as required to substantiate status.*

- ☐ U.S. Birth Certificate ☐ U.S. Passport ☐ Driver License ☐ Tribal Card w/Number ☐ Permanent Resident Alien Registration



**SECTION V: TECHNICAL ASSISTANCE:**

Management and technical assistance may include referral to the state of Tennessee Department of Economic and Community Development (ECD). Consultation is available to individuals who are interested in starting a business, buying a business, or expanding an existing business. ECD consultants provide counseling to individuals regarding structuring financial plans, preparing loan applications, strategic planning, and guidance for writing business plans. Economic and Community Development maintains an extensive network of public and private sector financial institutions and business management resource agencies.

**27. REQUESTED ASSISTANCE:** *Please provide, in detail, an explanation of requested assistance on a separate sheet.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Start-up assistance | <input type="checkbox"/> Working capital | <input type="checkbox"/> Developing a business plan     |
| <input type="checkbox"/> Buying a business            | <input type="checkbox"/> Counseling      | <input type="checkbox"/> Expanding an existing business |

**28. SOLICITATION NOTIFICATIONS:**

The state of Tennessee would prefer to email solicitation notifications. If this is acceptable, please provide your email address. \_\_\_\_\_

If you do not provide an email address, you will receive your solicitation via the United States Postal Service.

(Email address)

**29. DISCLOSURE:**

Are any employees of this firm current employees of the state of Tennessee or former employees of the state of Tennessee (within the last six months)?

- ☐ Yes ☐ No

If so, please attach a list of these employees, to include name, social security number and position within your firm including ownership and interest.

**NOTE: All vendors must comply with TCA 12-4-103 "Bidding by State Employees Prohibited." It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to the State of Tennessee during tenure of such official's or employee's office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.**

**30. AFFIRMATION:**

The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that he/she is a legal citizen of the United States or Permanent Resident Alien and that the information given above is true, accurate and includes pertinent information necessary to identify and explain the operations of \_\_\_\_\_ to the best of my knowledge and is in no way misleading.

(Business Name or Business Name DBA, if sole proprietor)

Should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Tennessee Department of General Services.

\_\_\_\_\_  
(Type or Print Name of Principal Owner)

\_\_\_\_\_  
(Signature of Principal Owner)

\_\_\_\_\_  
(Date)

T.C.A. Section 4-21-904 Discrimination by funded programs prohibited. - It is a discriminatory practice for any state agency receiving federal funds making it subject to Title VI to the Civil Rights Act of 1964, or for any person receiving such federal funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color, or national origin. The Department of General Services, state of Tennessee, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its program or activities and is in compliance with ADA (Americans with Disabilities Act of 1990) 42 U.S.C. 12101.

**31. EMERGENCY INFORMATION:** *Optional*

In the event of a natural disaster, please provide an after-hour emergency phone number if you would like to be contacted for goods/services.

\_\_\_\_\_  
Contact Person

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number



**STATE OF TENNESSEE  
DEPARTMENT OF SAFETY**

**Tow/Storage Rates Disclosure**

Name of Towing Service: \_\_\_\_\_

County: \_\_\_\_\_

The following is a current listing of tow/storage rates charged by this company:

Class	Winching Per Hour	Loaded Out of Zone/Per Mile	Daily Storage	Maximum Flat-Rate In-Zone Towing	Loading/Unloading Per-Hour/Per Employee

List other services performed and fees for those services below:

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I hereby certify and attest the figures listed above are true and correct:

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\*Use additional sheets if necessary

**TENNESSEE DEPARTMENT OF SAFETY**  
**Facilities and Equipment Inspection Report**

COMPANY NAME: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_  
DATE OF INSPECTION: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PRE-INSPECTION REQUIREMENTS**

Towing Service Application On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver/Owner Requirements Satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Requirements Satisfied and Certificates on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy of Tow/Storage Rates On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Information Disclosure Form On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor Bid Registration Form (TOPS) On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Until all of the above are satisfied, inspection of facility and equipment cannot be completed. Once satisfied, the pre-inspection requirement sections need not be completed again, regardless of number of wreckers to be inspected.

**FACILITY/STORAGE REQUIREMENTS**

To be completed only after all pre-inspection requirements are satisfied.

Storage Area Sufficient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver License File Of Employees Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Tow/Storage Rates Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staffed 8 a.m. to 5 p.m.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronological Listing Of Vehicles Towed and Charges Billed Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility Requirements Satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to above, explain: \_\_\_\_\_

\*Until all facility/storage requirements are satisfied, equipment inspection cannot be completed. Again, the facility/storage requirements section needs to be completed only once.

TOW TRUCK EQUIPMENT INSPECTION										
SEPARATE FORM TO BE COMPLETED FOR EACH TOW TRUCK INSPECTED										
PERMIT #	CLASS	MAKE	MODEL	VIN	PLATE	DECAL #	EXP. DATE			
COMPLETE FOR ALL CLASSES		COMPLETE FOR CLASS A ONLY			COMPLETE FOR CLASS C ONLY					
EQUIPMENT	SAT	UNSAT	EQUIPMENT	SAT	UNSAT	EQUIPMENT	SAT	UNSAT		
Amber Colored Light	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1 Ton			Chassis 3 1/2 Tons				
Axe	<input type="checkbox"/>	<input type="checkbox"/>	14,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	35,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>		
Bolt Cutters	<input type="checkbox"/>	<input type="checkbox"/>	Broom/Power Wench			Boom/Power Winch				
Company Name, & Address (3 Inch Letters)	<input type="checkbox"/>	<input type="checkbox"/>	Specifications 4 Ton	<input type="checkbox"/>	<input type="checkbox"/>	Specifications:				
Cradle Tow Plate or Tow Sling	<input type="checkbox"/>	<input type="checkbox"/>	Cable 100' 3/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single 25 Tons	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Extinguisher			Dollies (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Double 12 1/2 Tons	<input type="checkbox"/>	<input type="checkbox"/>		
20 lb. A.B.C. (UL) or (2) 10 lb.	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Lift (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Cable 200' 9/16 inch	<input type="checkbox"/>	<input type="checkbox"/>		
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>				Air Brakes (lock)	<input type="checkbox"/>	<input type="checkbox"/>		
Flood Lights	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE FOR CLASS B ONLY			Tandem Drive Axle	<input type="checkbox"/>	<input type="checkbox"/>		
Fluid Absorption Compound (50 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT	SAT	UNSAT	COMPLETE FOR CLASS D ONLY				
Heavy-Duty Push Broom	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1 1/2 Tons	<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT	SAT	UNSAT		
Pinchbar, Prybar, Crowbar	<input type="checkbox"/>	<input type="checkbox"/>	26,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1 Ton				
Portable Light Bar	<input type="checkbox"/>	<input type="checkbox"/>	Boom/Power Winch			14,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>		
Safety Chains	<input type="checkbox"/>	<input type="checkbox"/>	Specifications:			Lift Cylinder(s)				
Safety Restraint Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single 16 Tons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single 5 1/2 inch Bore	<input type="checkbox"/>	<input type="checkbox"/>		
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Double 8 Tons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Double 3 inch Bore each	<input type="checkbox"/>	<input type="checkbox"/>		
			Cable 200' 7/16 inch	<input type="checkbox"/>	<input type="checkbox"/>	Power Winch 4 Tons	<input type="checkbox"/>	<input type="checkbox"/>		
						Cable 50' 5/16 inch	<input type="checkbox"/>	<input type="checkbox"/>		
						Two (2) Safety Chains	<input type="checkbox"/>	<input type="checkbox"/>		
						For securing vehicle to bed	<input type="checkbox"/>	<input type="checkbox"/>		
						Carrier Bed 16' length	<input type="checkbox"/>	<input type="checkbox"/>		
84" Inside Width	<input type="checkbox"/>	<input type="checkbox"/>								
Cab Protector 4' above bed	<input type="checkbox"/>	<input type="checkbox"/>								

**TOW TRUCK/EQUIPMENT REQUIREMENTS**

To be completed only after pre-inspection, and facility storage requirements have been satisfied. Unlike the other two (2) sections, this section is to be completed for each tow truck inspected. Does tow truck/equipment ☐ Pass ☐ Fail  
If passed, Department of Safety decal number \_\_\_\_\_ (Then place this number and expiration date in the Tow Truck Equipment Inspection Section.)  
If failed, explain \_\_\_\_\_

Pursuant to the policies, procedures and regulations established by the Tennessee Department of Safety, this towing company has been inspected and satisfies all minimum requirements set forth.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

I approve that this towing company shall be used on the Tennessee Highway Patrol Call List and that the Communication Section has been notified.

\_\_\_\_\_  
Signature of District Captain

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF SAFETY

Towing List Removal

The following information is being submitted for removal from the Tennessee Highway Patrol (THP) Rotating Schedule Towing List:

NAME OF TOWING SERVICE: \_\_\_\_\_

Address: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ D.L. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

☐ Please remove the company listed above from the THP Rotating Schedule Towing List.

☐ Please remove each Tow Truck Class checked below from the THP Rotating Schedule Towing List.

TOW TRUCK CLASS	
Class A	<input type="checkbox"/>
Class B	<input type="checkbox"/>
Class C	<input type="checkbox"/>
Class D	<input type="checkbox"/>

☐ Please remove the tow truck(s) listed below from the THP Rotating Schedule Towing List.

CLASS	YEAR	MAKE	PLATE NUMBER	VIN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\*Use additional sheets if necessary